

# **VOLUNTEER MARYLAND SERVICE SITE PARTNERSHIP APPLICATION 2015 - 2016**

## **INSTRUCTIONS**

1. Please type all requested information in 12 point font or larger.
2. Answer all questions completely and in the order and format in which they appear. If you would like to receive the application as a Word document, please email your request to [volunteer.maryland@maryland.gov](mailto:volunteer.maryland@maryland.gov). You may also find this at [www.volunteermaryland.org](http://www.volunteermaryland.org).
3. Be sure to include all requested signatures and materials. The complete application packet includes:
  - a) **Narrative and Organizational Chart:** 1 signed original and 5 signed copies of the application narrative and organizational chart (to include position titles and names),
  - b) **Budget:** 1 copy of your current fiscal year operating budget (to include revenue and expenditures), and
  - c) **Financial Statement:** 1 copy of your agency's most recent audit report, 990 form, Profit and Loss Statement, or other statement of financial position.
4. Please provide two-sided copies of your application packet and **staple each narrative and organizational chart together**. Do not bind them or enclose them in pocket folders.
5. All application packets must arrive **no later than 5:00 pm on March 20, 2015**. Send to:

Volunteer Maryland  
301 West Preston Street, 15<sup>th</sup> Floor  
Baltimore, MD 21201  
410-767-6203 (phone)

6. Volunteer Maryland does not accept Service Site applications via fax or email.

[More information](#)

## **THREE TIPS FOR WRITING YOUR APPLICATION**

- Be sure to explain any agency jargon or acronyms.
- Have someone read your application who has not been involved in developing it. Can they explain the “who, what, where, when, why?” of your project after reading it?
- Remember: Reviewers may not know anything about your agency or proposed volunteer program prior to reading your application. Please help the reviewers fully assess your application by being as clear and complete as possible.

**VOLUNTEER MARYLAND**  
**SERVICE SITE PARTNERSHIP APPLICATION**  
**2015 - 2016**

**Submission Deadline: March 20, 2015**

The purposes of the site partnership application are to determine an agency's eligibility to partner with Volunteer Maryland (VM), assess the feasibility of the proposed volunteer program within the VM program model, define the scope of the partnership, and determine the role of the Volunteer Maryland Coordinator (VMC) at the partner agency (Service Site).

Before you complete this application, be sure to review all available site application development documents at [www.volunteermaryland.org](http://www.volunteermaryland.org). Here you will find application instructions along with examples of community need statements and direct service activities that apply to VM's program model.

**1. Applicant Information**

Name of Organization/Legal Applicant:	
Street Address:	
City/State/Zip:	
County:	
Main Telephone:	
Main Fax:	
Web Page:	
Facebook Page (if applicable):	
Twitter Handle (if applicable):	
Legal Applicant Federal I.D. Number:	
State Legislative District:	
U.S. Congressional District:	
Executive Director:	
Executive Director's Telephone:	
Name of Application Writer/Initial Contact:	
Contact's Title:	
Contact's Telephone:	
Contact's Email:	
Name of Site Supervisor for Volunteer Maryland Coordinator:	
Site Supervisor's Title:	
Site Supervisor's Telephone:	
Site Supervisor's Email:	

**Type of Organization: (all VM Service Sites must be one of the following)**

\* Government agency (*specify only one type*):

\_\_\_\_\_ Federal \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ School

OR

\* Nonprofit (501c3) (*specify only one type*):

\_\_\_\_\_ Local \_\_\_\_\_ State \_\_\_\_\_ National \_\_\_\_\_ International

**2. Cash Match for 2015 – 2016: (please select only one)**

Organization/Legal Applicant's

<i><b>Total Operating Budget</b></i>	<i><b>Amount of Cash Match</b></i>
<b>\$100,000 or less</b>	_____ <b>\$4,750</b>
<b>\$100,001 - \$300,000</b>	_____ <b>\$5,750</b>
<b>\$300,001 - \$500,000</b>	_____ <b>\$6,750</b>
<b>\$500,001 - \$1,000,000</b>	_____ <b>\$7,750</b>
<b>\$1,000,001 - \$2,000,000</b>	_____ <b>\$8,750</b>
<b>\$2,000,001 or more</b>	_____ <b>\$9,750</b>

The cash match is due in full on **September 29, 2015**.

PLEASE NOTE: If the cash match is paid from federal funds, the Service Site must provide all of the following:

The name of the federal agency \_\_\_\_\_

The federal agency grant or contract number \_\_\_\_\_

The CFDA number (or n/a if a contract) \_\_\_\_\_

Documentation that the federal agency approved the use of its funds as match for AmeriCorps. (Attach to application or provide with cash match.)

### **3. History with Volunteer Maryland and AmeriCorps**

Is your organization a past Volunteer Maryland Service Site? ☐ no ☐ yes/year(s)

Is your organization a current Volunteer Maryland Service Site? ☐ no ☐ yes

Has your organization been a Service/Host Site for any other AmeriCorps program(s)? ☐ no ☐ yes

If yes, what program(s)? \_\_\_\_\_

What year(s)? \_\_\_\_\_

How did you learn about Volunteer Maryland? ☐ VM Staff ☐ Current or former VM Coordinator

☐ Networking and Information Session ☐ Email ☐ Current or former VM Service Site

### **4. Agency Overview**

What is your agency's mission? When was your agency founded? What are your current programs and services? How are direct service volunteers currently involved in fulfilling your mission and providing your programs and services? The VMC will work in which program(s) or service(s)?

Does your agency currently have general liability insurance for its volunteers? (This is a VM partnership requirement.)

☐ yes ☐ no

### **5. Volunteer Program Focus Area and Performance Measures**

Each Volunteer Maryland Service Site must address one or more of the AmeriCorps focus areas (disaster services, economic opportunity, education, environmental stewardship, healthy futures, and veterans and military families). ***Priority will be given to Service Sites that address the areas of economic opportunity, education, and healthy futures.*** Though the proposed volunteer program may work across multiple issues, provide a variety of services, and/or serve a number of different client groups, volunteer activity must work toward at least one of the focus area performance measures below.

Select the focus area(s) and performance measure(s) that your agency's volunteer program will address and ***fill in the sections for anticipated number and measurement tool.***

Please note that ***outputs and outcomes that are provided may not be altered*** from the language specified in the performance measures. You must determine the anticipated number and the measurement tool. If the outcome is to be developed by the Service Site, please include an outcome that aligns with the output that is provided.

**PRIORITY Focus Area: Economic Opportunity**

<b>Output:</b>	# of economically disadvantaged individuals, including homeless individuals, receiving housing services
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	# of economically disadvantaged individuals, including homeless individuals, transitioned into safe, healthy, affordable housing
Anticipated Number:	
Measurement Tool:	

**PRIORITY Focus Area: Education**

<b>Output:</b>	# of students that completed participation in K-12 education programs (includes tutoring programs)
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	# of students with improved academic performance in literacy and/or math
Anticipated Number:	
Measurement Tool:	

**PRIORITY Focus Area: Healthy Futures** (Select and complete at least one of the three measures.)**Measure #1:**

<b>Output:</b>	# of homebound or older adults and individuals with disabilities receiving food, transportation, or other services that allow them to live independently
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	# of homebound or older adults and individuals with disabilities who reported having increased social ties/perceived social support
Anticipated Number:	
Measurement Tool:	

**Measure #2:**

<b>Output:</b>	# of individuals receiving emergency food from food banks, food pantries, or other nonprofit organizations
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	# of individuals that reported increased food security of themselves and their children
Anticipated Number:	
Measurement Tool:	

**Measure #3:**

<b>Output:</b>	# of individuals receiving support, services, education, and/or referrals to alleviate long-term hunger
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	# of individuals that reported increased food security of themselves and their children
Anticipated Number:	
Measurement Tool:	

**Focus Area: Environmental Stewardship** (Select and complete at least one of the two measures.)**Measure #1:**

<b>Output:</b>	# of acres of national parks, state parks, city parks, county parks, or other public and tribal lands that are improved.
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	(developed by Service Site)
Anticipated Number:	
Measurement Tool:	

**Measure #2:**

<b>Output:</b>	# of miles of trails or waterways (owned/maintained by national, state, county, city, or tribal governments) that are improved and/or created
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	(developed by Service Site)
Anticipated Number:	
Measurement Tool:	

**Focus Area: Disaster Services**

<b>Output:</b>	# of individuals that received support in disaster preparedness, response, recovery, or mitigation
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	(developed by Service Site)
Anticipated Number:	
Measurement Tool:	

**Focus Area: Veterans and Military Families** (Select and complete at least one of the three measures.

**Measure #1:**

<b>Output:</b>	# of veterans that received assistance
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	(developed by Service Site)
Anticipated Number:	
Measurement Tool:	

**Measure #2:**

<b>Output:</b>	# of veterans' family members that received assistance
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	(developed by Service Site)
Anticipated Number:	
Measurement Tool:	

**Measure #3:**

<b>Output:</b>	# of active duty military service members that received assistance
Anticipated Number:	
Measurement Tool:	
<b>Intermediate Outcome:</b>	(developed by Service Site)
Anticipated Number:	
Measurement Tool:	

## **6. Community Need**

Site applicants must demonstrate a clear and demonstrable community and client need for direct service volunteers and the VM partnership. The community need must address the AmeriCorps priority focus area(s) selected above (economic opportunity, education, healthy futures) and be cited from local, state, or national sources. Check out the site application development documents at [www.volunteermaryland.org](http://www.volunteermaryland.org) to help you fully answer this question.

What is the *critical unmet need in your community* or client population that will be addressed by direct service volunteers during the VM partnership year? This question applies to the community you serve—not your internal organizational need for volunteers or a volunteer program. To answer this question, summarize or quote relevant demographic data or other research to support your community need; be sure to cite your sources. Please be specific about the need itself (e.g., the number of children at your school reading below grade level or the number of homeless individuals in your county) and about how the need was determined (e.g., test scores, surveys, or focus groups).

## **7. Volunteer Service**

Below, please fully describe the types of volunteer services and number of volunteers that apply to the VM application and partnership. Please answer each question fully.

**(a) Types of Volunteer Service(s):** Describe the *service activities* the volunteers will perform in order to address the community need you identified above. Please be specific and remember that volunteers recruited by the VMC are prohibited from political advocacy, religious instruction, and certain types of fund raising. For example, “volunteers will tutor students in grades six and seven in reading skills in an after-school program three days each week...”

**(b) Number of Volunteers:** Please complete the chart below. If applicable, how many existing volunteers do you have performing these types of volunteer services? How many new volunteers are needed for each activity proposed? What is the total number of new volunteers needed? Will the VMC manage all existing volunteers? If not, who will manage these volunteers?

<b>Volunteer Activity or Service</b>	<b>Number of Existing Volunteers</b>	<b>Number of New Volunteers Needed</b>
<i>Example: Tutoring (reading)</i>	<i>None (new program)</i>	<i>25 new volunteer tutors</i>
<b>TOTALS:</b>		

## **8. Key Players**

Of the staff members identified on your organizational chart, who will work most closely with the VMC? What roles and responsibilities will these key players have in supporting the development of the volunteer program? It is likely that these staff members will be asked to attend the Volunteer Maryland site visit.

PLEASE NOTE: Per AmeriCorps regulations, the designated Site Supervisor must undergo a National Sex Offender Public Registry Check and State Criminal Registry Check. If the Site Supervisor has recurring access to vulnerable populations, s/he must also undergo a national search by submitting



fingerprints to the Federal Bureau of Investigation. Verification of the completed background check is required as part of the Memorandum of Understanding between Volunteer Maryland and the Service Site. If these checks have not been previously conducted by the Service Site, Volunteer Maryland will cover the cost of the screenings.

## **9. Volunteer Program Budget**

Please complete the chart below. Indicate estimated amounts for the volunteer program and if the items will be cash or in-kind contributions.

<i>Item</i>	<i>Amount</i>	<i>Cash or In-kind?</i>
<b>Volunteer training supplies</b>		
<b>Postage</b>		
<b>Printing</b>		
<b>Recognition materials/events</b>		
<b>Other</b>		

For the in-kind items you indicated, will the Volunteer Maryland Coordinator be responsible for obtaining these donations? If not, who will have that responsibility?

## **Coordinator Parking and Mileage**

The Volunteer Maryland Coordinator will need access to free or reimbursed parking while on-site. Volunteer Maryland requires that the Volunteer Maryland Coordinator be reimbursed for travel costs incurred for site-related travel (i.e. travels to volunteer fairs or multiple sites). There is no set amount for this item, but should reflect the anticipated amount of travel expected for the Volunteer Maryland Coordinator. This must be cash, not in-kind.

On-Site Parking ☐Free ☐Reimbursed (indicate monthly cost) \$\_\_\_\_\_

Site –Related Travel Cost Reimbursement Amount \$\_\_\_\_\_

## **10. Coordinator Work Space Requirement**

Volunteer Maryland Coordinators will need a professional space to do their work. This space needs to include a computer with access to the Internet to post volunteer opportunities and communicate with Volunteer Maryland to submit reports. Please verify that your organization will be able to provide the following:

☐Desk ☐Computer ☐Phone  
☐Internet access ☐Printer Access

**11. Partnership Application Signatures**

In submitting this partnership application to become a Volunteer Maryland (VM) Service Site, we attest that all information provided is true to the best of our knowledge.

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Signature of Legal Applicant Director

Date

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Signature of the Site Partnership Application Writer

Date

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Signature of the Service Site Supervisor

Date

***Thank you for applying to become a Volunteer Maryland Service Site!***